

**DELAWARE HEALTH AND SOCIAL SERVICES
DIVISION OF PUBLIC HEALTH
HEALTH SYSTEMS PROTECTION
Office of Food Protection, Dover: 302-744-4546**

**APPLICATION TO OPERATE
A LIMITED FROZEN DESSERT STAND – (LFDS)**

PLEASE COMPLETE AND RETURN TO THE ENVIRONMENTAL HEALTH FIELD SERVICES (EHFS) OFFICE LOCATED IN THE COUNTY IN WHICH THE LIMITED FROZEN DESSERT STAND (LFDS) WILL BE LOCATED.

<u>EHFS New Castle County</u> Limestone Prof. Ctr., Suite 100 2055 Limestone Road Wilmington, DE 19808 Phone: 302-995-8650 Fax: 302-995-8323	<u>EHFS Kent County</u> Williams State Serv. Ctr. 805 River Road Dover, DE 19901 Phone: 302-739-5305 Fax: 302-739-7013	<u>EHFS Sussex County</u> Georgetown State Serv. Ctr. 544 South Bedford Street Georgetown, DE 19947 Phone: 302-856-5496 Fax: 302-856-5065
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1. Applicant Name: _____ Phone #: _____

Applicant Mailing Address: _____

City: _____ State: _____ Zip Code: _____

2. Business/Organization Name: _____ Fax #: _____

3. Location of Stand: _____ 4. _____
Date(s) of Operation

5. Proposed Menu: _____

6. Source of Frozen Desserts (including ice): _____

7. Source of Water (if applicable): _____

8. Handwashing Facilities (Describe): _____

9. Toilet Facilities (type/location): _____ if using **private facilities**, attach written agreement

10. Methods to be used for maintaining proper product temperature. (Hard, frozen to maintain quality and condition):

11. List all equipment/utensils to be used (including service items): _____

12. Site where equipment/utensils to be sanitized (if other than stand location): _____

13. Additional comments: _____

Signature and Title of Applicant

DATE

FOR OFFICIAL USE ONLY

_____ Approved

_____ Disapproved

Environmental Health Field Services Representative

Date

Permit Number